



Katsina State is located in northwest Nigeria and has a total population of nearly 6 million. Each ward has at least one functional primary health facility and the state has seen great improvement in some health indicators: delivery by skill birth attendants has risen from 5.1% in 2008 to 20.8% in 2017. However, antenatal attendance stands at 33.40% and immunisation coverage is 6%. The unmet need for child spacing is 29.5% (MICs 2016/2017).

Key achievements

- The programme established and trained the LGA Maternal Newborn Child Health steering committees and resource mobilisation sub-committees for all the 34 LGAs of the state.
- To ensure efficiency in service delivery, MNCH2 trained 72 outreach service teams and conducted post-training supportive supervision and quarterly onsite mentoring and coaching for service providers.
- The programme supported the development and implementation of the State Primary Health Care Development Agency's (SPHCDA) Capacity Development Plan (CDP).



MNCH2 Midwife Mentor during a coaching visit to Yan Tumaki PHC, Danmusa LGA

Lessons

- Non-monetary incentives have encouraged the Young Women Support Group members not to miss group sessions.
- Stakeholders driving the process of quarterly stock review has given them a sense of ownership.
- Combining medical outreaches with health promotion activities is effective in improving health seeking behaviours amongst women and child caregivers in hard-to-reach and underserved communities.



We will not fold our arms and watch any TBA still delivering at home, for the little money they collect from the family. If a TBA is found in the act, she will be replaced with another TBA. The issue will be reported to her traditional authority.”

- Alh. Garba Sule Masari,
PHC Director Kankara Local Government

Transition and Sustainability

All the 34 LGAs in the state are currently managed by Directors of Administration in an acting capacity. This means they don't have direct access to finances that is controlled by the state government. This is a challenge for MNCH2 transition, as it makes it difficult for the Local Government Authority (LGA) to take leadership in financial decisions.

Priorities for next month

- Advocate to the ward heads the need to monitor Traditional Birth Attendants (TBAs) to reduce home births across all the LGAs.
- Provide technical assistance to stakeholders on the development of the quarterly stock status report.
- Support the State Ministry of Health (SMoH) to develop a Healthy Timing and Spacing of Pregnancy Costed Implementation Plan, as recommended by the National Health Policy.

